


2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90010 033 \*\*\*150.00

**DOCUMENT # P03000047944**

1. Entity Name  
**MACRI & COMPANY, INC.**



Principal Place of Business  
**3821 HANOVER HILL DR  
 VALRICO, FL 33594**

Mailing Address  
**3821 HANOVER HILL DR  
 VALRICO, FL 33594**

**44046818**



2. Principal Place of Business  
**3821 HANOVER HILL DR**

3. Mailing Address  
**3821 HANOVER HILL DR**

Suite, Apt. #, etc.

06302004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**65-1188787**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MACRI, RICHARD P.  
 3821 HANOVER HILL DR  
 VALRICO, FL 33594**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3821 HANOVER HILL DR.**

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> Delete
NAME	MACRI, RICHARD P	
STREET ADDRESS	3821 HANOVER HILL DR	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	V	<input type="checkbox"/> Delete
NAME	MACRI, MICHAEL A	
STREET ADDRESS	3821 HANOVER HILL DR	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACRI, IRENE	
STREET ADDRESS	3821 HANOVER HILL DR	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	T	<input type="checkbox"/> Delete
NAME	MACRI, TIMOTHY	
STREET ADDRESS	3821 HANOVER HILL DR	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3821 HANOVER HILL DR</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3821 HANOVER HILL DR</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3821 HANOVER HILL DR</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Richard P. Macri* **RICHARD P. MACRI** *7/1/04* **7/1/04** *941-722-6500* **941-722-6500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #